UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY

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NOTICE OF SALES OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

FORM D

	nent and name has changed, and indicate change.) hrough Units (U.S Regulation D Offering)	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 E Rule 506 Section	on 4(6) ULOE
Type of Filing: 🗵 New Filing 🗆 Amo	endment	
	A. BASIC IDENTIFICATION DATA	O8063976
 Enter the information requested about the 	issuer	
Name of Issuer (check if this is an amen	dment and name has changed, and indicate change.)	
Mountain Lake Resources Inc.		
Address of Executive Offices (Number and	· · · · · · · · · · · · · · · · · · ·	Telephone Number (Including Area Code)
	treet, Halifax, Nova Scotia, B3J 3N2 Canada	
Address of Principal Business Operations (I (if different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Mining Exploration and Develops	nent	<u> </u>
Type of Business Organization		PPOCESSED
	☐ limited partnership, already formed	other (please specify).
☐ business trust	☐ limited partnership, to be formed	NOV 1 2 2008
	Month Year	- A CAL RELITED
Actual or Estimated Date of Incorporation or	r Organization: 03 86	🗷 Actual THOMSON REUTER
Jurisdiction of Incorporation or Organization	: (Enter two-letter U.S. Postal Service abbreviation for Sta	•••
variation of incorporation of Organization	CN for Canada; FN for other foreign jurisdiction)	CN
	Cit for Canada, tit for outer to organization only	CN
must file amendments using Form D (17 CFI Federal: Who Must File: All issuers making an offeri 77d(6). When To File: A notice must be filed no late Exchange Commission (SEC) on the earlier due, on the date it was mailed by United Stat Where To File: U.S. Securities and Exchange Copies Required: Two (2) copies of this not of the manually signed copy or bear typed or Information Required: A new filing must co information requested in Part C, and any mat the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance that have adopted this form. Issuers relying made. If a state requires the payment of a fee.	R 239.500) and otherwise comply with all the requirements ing of securities in reliance on an exemption under Regulative than 15 days after the first sale of securities in the offering of the date it is received by the SEC at the address given be tes registered or certified mail to that address. Be Commission, 100 F Street, N.E., Washington, D.C. 2054 ice must be filed with the SEC, one of which must be many printed signatures. Sometimental information requested. Amendments need only reterial changes from the information previously supplied in on the Uniform Limited Offering Exemption (ULOE) for som ULOE must file a separate notice with the Securities Action 15 days after the requirements.	ing. A notice is deemed filed with the U.S. Securities and below or, if received at that address after the date on which it is sales of securities and offering, any changes thereto, the Parts A and B. Part E and the Appendix need not be filed with a sales of securities in those states that have adopted ULOE and administrator in each sate where sales are to be, or have been in the proper amount shall accompany this form. This notice shall accompany this form.
	ATTENTION	
		ederal exemption. Conversely, failure to file the ption unless such exemption in predicated on the product of t
SEC 1972 (9-08) Persor	ns who respond to the collection of information co	contained in this form 1 of 9

are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2.- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	romoter [☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if indiv	idual)				5 5
Woods, Gary	,				
Business or Residence Address (No	umber and S	Street, City, State, Zip	Code)		
Suite 1700 - 1959 Upper Water S	treet, Halif	fax, Nova Scotia, B3J	3N2 Canada		
Check Box(es) that Apply: □ p	romoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or
	i omoter	_ Denoncial owner			Managing Partner
Full Name (Last name first, if indiv	ridual)				trianaging raidines
Sheito, Allen E.					
Business or Residence Address (No	umber and S	Street, City, State, Zip	Code)	*****	
Suite 1700 - 1959 Upper Water S					
Chook Dow(oo) that Annly		☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or
	Tomoter	_ Denencial Owner			Managing Partner
Full Name (Last name first, if indiv	ridual)		· · · · · · · · · · · · · · · · · · ·		Wanaging Further
Bowes, Paul A.	.cua.,				
Business or Residence Address (N	umber and S	Street, City, State, Zip	Code)		•
Suite 1750 1185 West Georgia S					
Charle Day (as) they Amelia		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
	Tolliotei	_ Delicticial Owner	- Executive Officer		Managing Partner
Full Name (Last name first, if indiv	vidual)				Managing Farence
Metcalf, Frank	idua.)				
Business or Residence Address (Na	umber and S	Street, City, State, Zip	Code)		
Suite 1700 - 1959 Upper Water S		• •			
Check Box(es) that Apply:	romoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
	TOMOGE	- Delichelai Owner	- Executive Officer		Managing Partner
Full Name (Last name first, if indiv	vidual)				
Twohey, Brian	,				
Business or Residence Address (N	umber and S	Street, City, State, Zip	Code)		
Suite 1700 - 1959 Upper Water S	treet, Halif	fax, Nova Scotia, B3J	3N2 Canada		
Check Box(es) that Apply:	romoter	☐ Beneficial Owner	⊠ Executive	☐ Director	☐ General and/or
.			Officer		Managing Partner
Full Name (Last name first, if indiv	vidual)				
Anderson, Teri					
Business or Residence Address (N	umber and S	Street, City, State, Zip	Code)		
Suite 1700 - 1959 Upper Water Street, Halifax, Nova Scotia, B3J 3N2 Canada					
Check Box(es) that Apply:	romoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if indiv	idual)				<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)					
(Use bl	lank sheet, c	or copy and use addition	onal copies of this sheet,	as necessary)	

B. INFORMATION ABOUT OFFERING					
	Yes No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					
Answer also in Appendix, Column 2, if filing under ULOE.	6 B1/A				
	<u>\$ N/A</u> Yes No				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any					
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC					
and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are					
associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Full Name (Last name first, if individual)					
Scarsdale Equities, LLC Business or Residence Address (Number and Street, City, State, Zip Code)					
30 Rockefeller Plaza, Suite 4250, New York, NY 10112					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	 				
(Check "All States" or check individual States	☐ All States				
AL AK AZ AR CA CO CT DE DC FL GA HI					
IL IN IA KS KY LA ME MD MA MI MN MS	MO				
MT NE NV NH NJ NM NY V NC ND OH OK OR	PA				
RI SC SD TN TX UT VT VA WA WV WI WY	PR				
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
Name of Associated Broker of Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States	. All States				
AL AK AZ AR CA CO CT DE DC FL GA HI	ID				
IL IN IA KS KY LA ME MD MA MI MN MS	MO				
MT NE NV NH NJ NM NY NC ND OH OK OR	PA				
RI SC SD TN TX UT VT VA WA WV WI WY	PR				
Full Name (Last name first, if individual)					
D. C. D. C. Allers Of the state of Co. Co. T. C. L.					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States					
AL AK AZ AR CA CO CT DE DC FL GA HI ID					
IL IN IA KS KY LA ME MD MA MI MN MS	MO				
MT NE NV NH NJ NM NY NC ND OH OK OR	PA				
RI SC SD TN TX UT VT VA WA WV WI WY	PR				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	a)	a)
	Type of Security	(1) Aggregate Offering Price	(1) Amount Already Sold
	Debt	\$ \$	\$ \$
	☐ Common ☐ Preferred		
	Convertible Securities (Agent Warrants and Agent Option)	\$ 32,155.03	\$0
	Partnership Interests Other (Specify) Non Flow-Through Units, each Unit consisting of one share of common stock	\$	\$
	and one-half (1/2) of a common stock purchase Warrant, with an exercise price of CDN\$0.42 per full Warrant share.	\$ <u>459,357.50</u>	\$ 287,089.00
	Total	\$ 491,512.53	\$ 287,089.00
	(1) Amounts are expressed in US dollars based on exchange rate of CDN\$ as of 10/30/08. (2) Assumes exercise of maximum amount of all whole Warrants. Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "non" or "zero."		
	answer is non or zero.	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ 287,089.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of Security	Dollar Amount Solo
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	X	\$ <u>500</u>
	Printing and Engraving Costs		\$
	Legal Fees.		\$5,000
	Accounting Fees		\$

区 \$ <u>5,500</u>

Other expenses (identify).....

Total

-	•			
<u>C. (</u>	OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND USE OF PR	OCEEDS	
b.	Enter the difference between the agg — Question 1 and total expenses furni	regate offering price given in response to Part C ished in response to Part C – Question 4.a. This reeds to the issuer."	S	\$ 486,012.53
5.	proposed to be used for each of the p is not known, furnish an estimate and	usted gross proceed to the issuer used or urposes shown. If the amount for any purpose I check the box to the left of the estimate. The all the adjusted gross proceeds to the issuer set in 4.b above.	Payments to Officers,	Payments to Others
			Directors, & Affiliates	
Sala	ries and fees		□\$	□\$
Purc	hase of real estate			
	hase, rental or leasing and installation of	•	□ \$	
		nd facilities		
	· . · ·	he value of securities involved in this offering		
that	may be used in exchange for the assets	or securities of another issuer pursuant to a	□\$	□ \$
			□\$	□\$
Wor	king capital		· · · · · · · · · · · · · · · · · · ·	_
Othe	r (specify):		□\$	
			□ \$	
			□ \$	
Colu	mn Totals			
Total Payments Listed (column totals added)		⊠\$	486,012.53	
		D. FEDERAL SIGNATURE		
the f	ollowing signature constitutes an under en request of its staff, the information i	signed by the undersigned duly authorized perstaking by the issuer to furnish to the U.S. Secur furnished by the issuer to any non-accredited in	rities and Exchange	Commission, upon
	er (Print or Type) Intain Lake Resources Inc.	Signature	Date October 30 th , 2008	3
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)		
Paul	A. Bowes	Secretary		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

